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2018 Minnesota Racial & Ethnic Populations Survey of Attitudes and Outlook Regarding Healthcare Services and Costs

Minnesota Governor's Council on Developmental Disabilities

Quantitative Research Study Addendum Report #2418

20 June 2018



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RESEARCH OVERVIEW

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BACKGROUND

In 2004 MarketResponse conducted a survey of Minnesotans regarding a wide range of healthcare issues. This survey was conducted in cooperation with former U.S. Senator David Durenberger's Minnesota Citizens Forum on Healthcare Costs.

MarketResponse International was commissioned by The Minnesota Governor's Council on Developmental Disabilities (GCDD) to repeat and update the Minnesota Healthcare Attitudes Study in 2018. An on-line survey was conducted, with demographic quotas as needed, to achieve a representative sample of the Minnesota general population.

Report addendum:

The survey was repeated with in-person, hard-copy surveys among Minnesota's racial and ethnic minority communities: American Indian, East African and Southeast Asian. The purpose was to understand perspectives of these often overlooked minority communities, compared to other racial/ethnic groups.

OBJECTIVES

Analysis of Minnesota's racial and ethnic minority communities, vs. the general population, regarding:

- Current healthcare insurance coverage, and related attitudes and satisfaction
- Future outlook and concerns regarding healthcare
- Measures of attitudes and values that are relevant and related to today's healthcare
 - Identify attitudinal segments, groups of like-minded people, based on consistency of answers across a range of attitudes towards healthcare
- Perceptions regarding the healthcare system in the U.S. as a whole, and Minnesota
- Opinions regarding role of government in:
 - Ensuring coverage for all
 - Drug pricing and public programs
 - MA/Medicaid funding



There were some demographic differences between the samples of respondents representing the various racial/ethnic groups of Minnesotans:

FEMALE/MALE

- There were higher proportions of females in the samples representing South East Asians (79% female) and American Indians (68% female), vs. East African respondents (52% female)

AVERAGE AGE

- Average age was highest among American Indians (53 years old)
- Average age of East Africans (44 years old) and South East Asians (49 years old) were similar to the respondents who represented the white/Caucasian population (48 years old)

EMPLOYMENT

- One-third (34%) of American Indian respondents were retired, and 20% unemployed; leaving 40% employed either full or part-time (lowest employment of all respondent groups)
- Employment rate was highest among East African respondents (72%), and 62% among South East Asian respondents

EDUCATION

- Higher portion of college graduates among South East Asian respondents (58%), vs. 35% among East Africans, and 19% among American Indians (lowest of all racial/ethnic groups)

INCOME

- Annual household income was lowest among East African respondents (\$18,670), somewhat higher among American Indians (\$29,155), and much higher among South East Asians (\$61,912)

EXECUTIVE SUMMARY

A large, light gray circular graphic containing the letters 'MR' in a white, stylized serif font. The letters are positioned centrally within the circle.

MR

Among the minority communities, rates of health insurance or healthcare coverage ranged from 81% (among East Africans) to 92% (among American Indians and South East Asians):

- Highest rates of uninsured people:
 - Hispanic 13%
 - East African 12%
- Highest enrollment in Medicaid/MA or Minnesota Care:
 - East African 51%
 - American Indian 48%
 - African American 36%
- Highest rates of health insurance through an employer:
 - Asian/Pacific Islander 72%
 - South East Asian 71%

Approximately 6-out-of-10 respondents rate their overall health coverage and care as *good* or *better*:

- Hispanic and American Indians had slightly lower ratings, as compared to other minority communities

Regarding future outlooks for good quality and affordable healthcare, there were some differences between the various ethnic groups:

- 47% African Americans believe they will be better off
- 32% Hispanics and American Indians believe they will be worse off

All of the minority communities differed from the white/Caucasians by their preference for a government-run healthcare system versus a system based mostly on private health insurance.

Some demographic and attitudinal differences were found between the minority communities:

African American

African American respondents were most concerned about rising costs related to healthcare, and they most strongly believe healthcare should be available to all citizens regardless of their income, employment status or ability to pay.

Hispanic

The Hispanic community is most concerned about rising costs related to healthcare premiums and Federal cuts to Medicaid; and they most strongly believe healthcare should be available to all citizens regardless of their income or employment status. Over half (58%) believe the government needs more involvement in healthcare education, and incentives for wise health choices.

Native American

American Indians feel our current healthcare system relies too heavily on drugs as opposed to more holistic management of health and wellbeing. They have the highest concern of rising costs of premiums, deductibles and co-pays and potential Federal cuts to Medicaid.

Asian/Pacific Islander

Asian/Pacific Islander respondents are the youngest, highest educated and have the highest income of all minority communities. They have the highest rates of health insurance through an employer (72%) and compared to all other minority communities, are least concerned about future potential Federal cuts to Medicaid.

South East Asian

All of the respondents representing the South East Asian community were born in Thailand. As a group they feel strongly that it's the government's responsibility to make sure that patients receive safe, high quality medical care, and have a choice in the care provider, physician and hospital. Their main future concerns are centered around rising costs of healthcare related services for an aging population.

East African

Minnesota's East Africans have the lowest income of all minority communities, half are enrolled in Medicaid/MA, and they most strongly believe that government should insure access to healthcare for low income populations. They also feel strongly that children's needs should take a priority in healthcare cost decisions, and they are most concerned about access to medical services for people with disabilities, and access to mental health coverage.

DETAILED FINDINGS

I. Healthcare Satisfaction, Outlook and Concerns

- **Personal Health Insurance and Attitudes**

Hispanic and East African communities had the highest rates of uninsured people, 13% and 12% respectively. Highest enrollment in Medicaid/MA or Minnesota Care is found among East Africans (51%), American Indians (48%) and African Americans (36%). Highest rates of health insurance through an employer is found among Asian/Pacific Islanders (72%) and South East Asians (71%).

Do you have some form of health insurance? (Q1)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=75)*	Asian/Pacific Islander (n=86)	South East Asian (n=53)	East African (n=48)
Yes	94%	89%	82%	92%	91%	92%	81%
No	6%	8%	13%	7%	8%	8%	12%
Don't Know	1%	4%	5%	1%	1%	--	6%
Type of Health Insurance (Q2)	(n=682)	(n=70)	(n=51)	(n=69)	(n=78)	(n=49)	(n=39)
Medicare	23%	27%	8%	26%	8%	14%	28%
Medicaid, Medical Assistance or MinnesotaCare	16%	36%	27%	48%	18%	12%	51%
Health insurance through an employer	56%	46%	47%	22%	72%	71%	18%
Health insurance purchased through the Exchange	9%	1%	10%	6%	4%	2%	--
Other	6%	4%	8%	7%	4%	4%	5%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.



American Indians and East Africans were least likely to believe their costs for health insurance premiums have been going up over the past couple of years, as compared to the other communities.

Over the past couple of years, does it seem to you that your costs for health insurance premiums have been.... (Q5)

	White Caucasian (n=682)	African American (n=70)	Hispanic (n=51)	Native American (n=67)*	Asian/Pacific Islander (n=78)	South East Asian (n=48)	East African (n=39)
Going up	68%	60%	65%	37%	53%	77%	38%
Staying the same	24%	30%	25%	28%	37%	12%	33%
Going down	2%	3%	--	3%	1%	--	--
Don't know	5%	7%	10%	31%	9%	10%	28%

Have they gone up.... (Q6)

	(n=464)	(n=42)	(n=33)	(n=25)	(n=41)	(n=37)	(n=15)
A lot	38%	29%	39%	56%	20%	32%	53%
Somewhat	62%	71%	61%	44%	80%	68%	47%

Does it seem to you that your cost for deductibles, co-insurance and co-payments have been... (Q7)

	(n=682)	(n=70)	(n=51)	(n=69)	(n=78)	(n=49)	(n=37)
Going up	62%	61%	55%	49%	60%	67%	59%
Staying the same	37%	39%	45%	51%	38%	33%	41%
Going down	1%	--	--	--	1%	--	--

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.

African Americans and Hispanics were more likely than other communities to have delayed medical treatment because of cost. Over half of those delayed treatments were for serious conditions or illnesses.

Within the last 12 months, have you or a member of your family delayed any sort of medical treatment because of the cost you would have to pay? (Q8)

	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=75)*	Asian/Pacific Islander (n=86)	South East Asian (n=51)	East African (n=47)
Yes	37%	44%	47%	25%	34%	20%	32%
No	63%	56%	53%	75%	66%	80%	68%

When this medical treatment was delayed, how serious was the condition or illness? (Q9)

	(n=272)	(n=35)	(n=29)	(n=19)	(n=29)	(n=10)	(n=15)
Very serious	6%	17%	14%	11%	17%	30%	33%
Somewhat serious	40%	40%	38%	58%	38%	30%	53%
Not very serious	47%	34%	41%	21%	38%	30%	--
Not at all serious	7%	9%	7%	11%	7%	10%	13%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

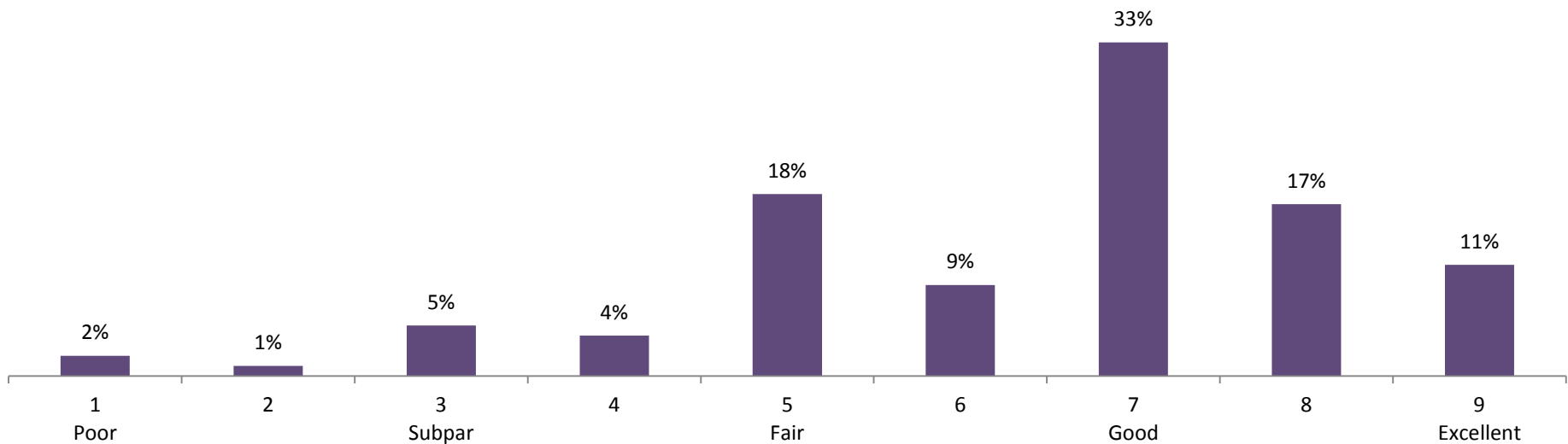
Most differences in proportions of 15% or more are statistically significant at 95% confidence level.

Hispanic and American Indian respondents had slightly lower ratings regarding their overall health coverage and care, as compared to other minority communities.

All things considered, how would you rate your overall health coverage and care? (Q11)

Average Ratings	Total (n=1156)	A White Caucasian (n=729)	B African American (n=79)	C Hispanic (n=62)	D Native American (n=74)	E Asian/Pacific Islander (n=86)	F South East Asian (n=51)	G East African (n=47)
	6.4	6.5 CD	6.5	6.1 AE	6.1 AE	6.7 CD	6.5	6.4

ABCDEFG Indicates statistically significantly higher than other figures in the row, at 95% confidence level



The shaded statements below were determined from the *Minnesota General Population Survey* to be relatively more impactful in predicting overall health coverage and care ratings.

Healthcare Related Experiences (TOP BOX) <i>Very Satisfied</i> : (Q10)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=75)*	Asian/Pacific Islander (n=86)	South East Asian (n=53)	East African (n=48)
The whole process of pricing, billing and reimbursement for medical services provided to me and/or my family	14%	14%	13%	15%	15%	16%	21%
The total amount I pay for health insurance	14%	19%	13%	18%	15%	14%	24%
The process and ease of finding the insurance plan that best meet my (or my family's) needs	17%	18%	13%	15%	22%	14%	21%
My ability to see medical specialists if I ever need one	30%	23%	26%	32%	21%	20%	38%
My ability to choose the doctors and other healthcare providers I want	31%	24%	26%	23%	22%	33%	40%
The amount I have to pay for prescription drugs	17%	23%	24%	22%	19%	12%	36%
My ability to get a doctor's appointment when I want	29%	24%	39%	24%	22%	25%	47%
The amount of time I am able to spend with my doctor	28%	20%	32%	26%	23%	27%	38%
The kind of advice I get from my doctor regarding actions I can take to help improve my health	26%	27%	29%	31%	28%	20%	36%
My ability to get the newest drugs and medical treatments	16%	19%	13%	15%	14%	18%	26%
My ability to have an interpreter at doctors appointments	--	--	--	--	--	27%	36%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.

DETAILED FINDINGS

I. Healthcare Satisfaction, Outlook and Concerns

- Personal Health Insurance and Attitudes
- Healthcare Outlook and Concerns

Almost half of African Americans (47%) believe in three years they will be better off with regards to their access to good quality and affordable healthcare. Approximately one third of Hispanics and American Indians (32%) believe they will be worse off in three years with regards to their access to good quality and affordable healthcare.

With regards to your access to good quality and affordable healthcare, I believe in 3 years we will be.... (Q13)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=75)*	Asian/Pacific Islander (n=86)	South East Asian (n=51)	East African (n=44)
Worse off	27%	28%	32%	32%	16%	16%	18%
Better off	20%	47%	29%	15%	33%	37%	39%
About the same	53%	25%	39%	53%	51%	47%	43%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level

Healthcare Concerns (TOP BOX) <i>Very Concerned:</i> (Q14)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=75)*	Asian/Pacific Islander (n=86)	South East Asian (n=53)	East African (n=48)
Rising costs of healthcare premiums	49%	44%	60%	65%	47%	56%	43%
Rising cost of insurance deductible and co-pay fees for medical services	42%	41%	50%	49%	38%	42%	41%
Rising cost of drugs and other medical services, as our country's medical system is strained by an aging population	40%	44%	45%	51%	44%	51%	46%
Potential Federal cuts to Medicaid, which could lead to more uninsured people and higher premiums	37%	39%	53%	60%	38%	42%	47%
Delaying treatment due to high annual deductible out of pocket costs	33%	39%	37%	43%	42%	33%	57%
Access to affordable health insurance for people with preexisting conditions	32%	37%	45%	47%	34%	39%	22%
Cost of long term services, supports, and care	33%	28%	42%	52%	37%	54%	51%
Access to mental health coverage	30%	37%	44%	47%	28%	41%	54%
People taking advantage of government-provided health insurance, when they can afford it on their own	30%	27%	26%	43%	35%	42%	30%
Access to all of the medical services needed for people with disabilities	27%	34%	40%	59%	33%	43%	57%
People over-using healthcare services, raising the cost for the rest of us	29%	24%	27%	39%	26%	37%	26%
Being forced to buy health insurance or pay a fine, even if I don't want it	21%	27%	23%	48%	21%	33%	40%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level

DETAILED FINDINGS

I. Healthcare Satisfaction, Outlook and Concerns

- Personal Health Insurance and Attitudes
- Healthcare Outlook and Concerns

II. Healthcare System Beliefs and Opinions

- Attitudes Towards the Healthcare System

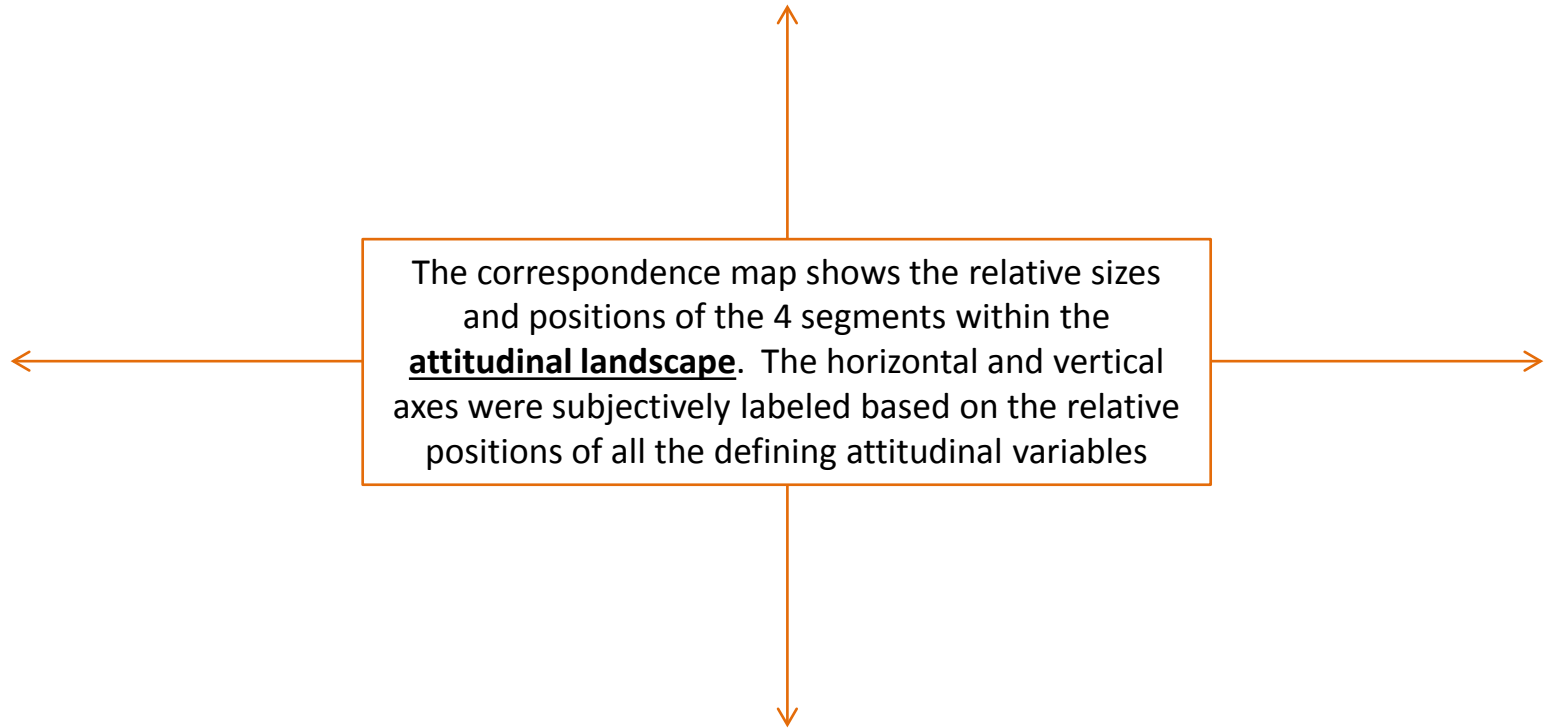
The survey questionnaire included 24 statements reflecting a variety of attitudes related to health care services, costs, access and responsibilities.

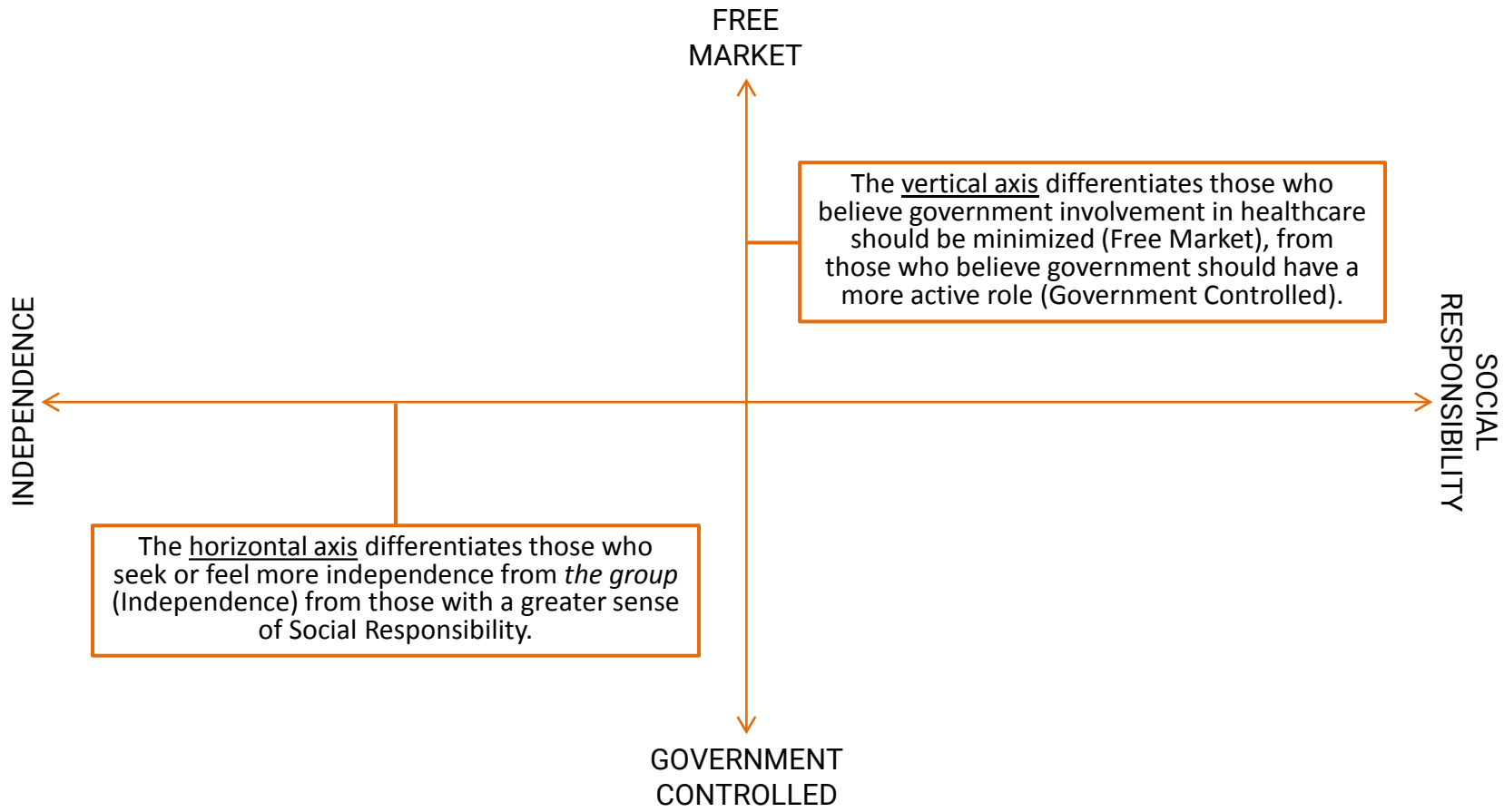
The respondents indicated the degree to which they agreed or disagreed with each statement using this scale:



A multivariate statistical analysis procedure was used to group like-minded people together based on consistency of answers across all 24 statements. Four different attitudinal segments were thus identified:

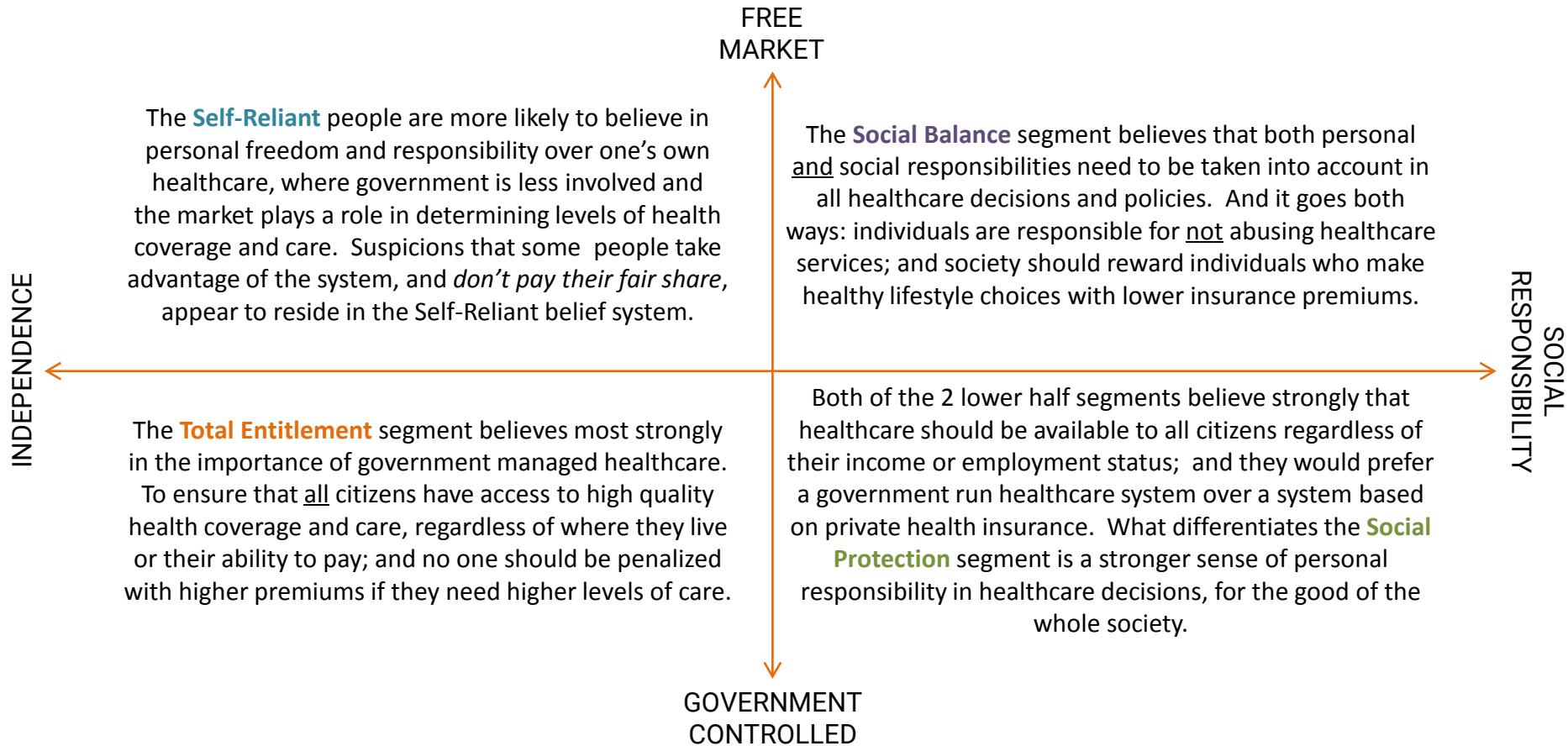
- 1) Self Reliance
- 2) Social Balance
- 3) Social Protection
- 4) Total Entitlement







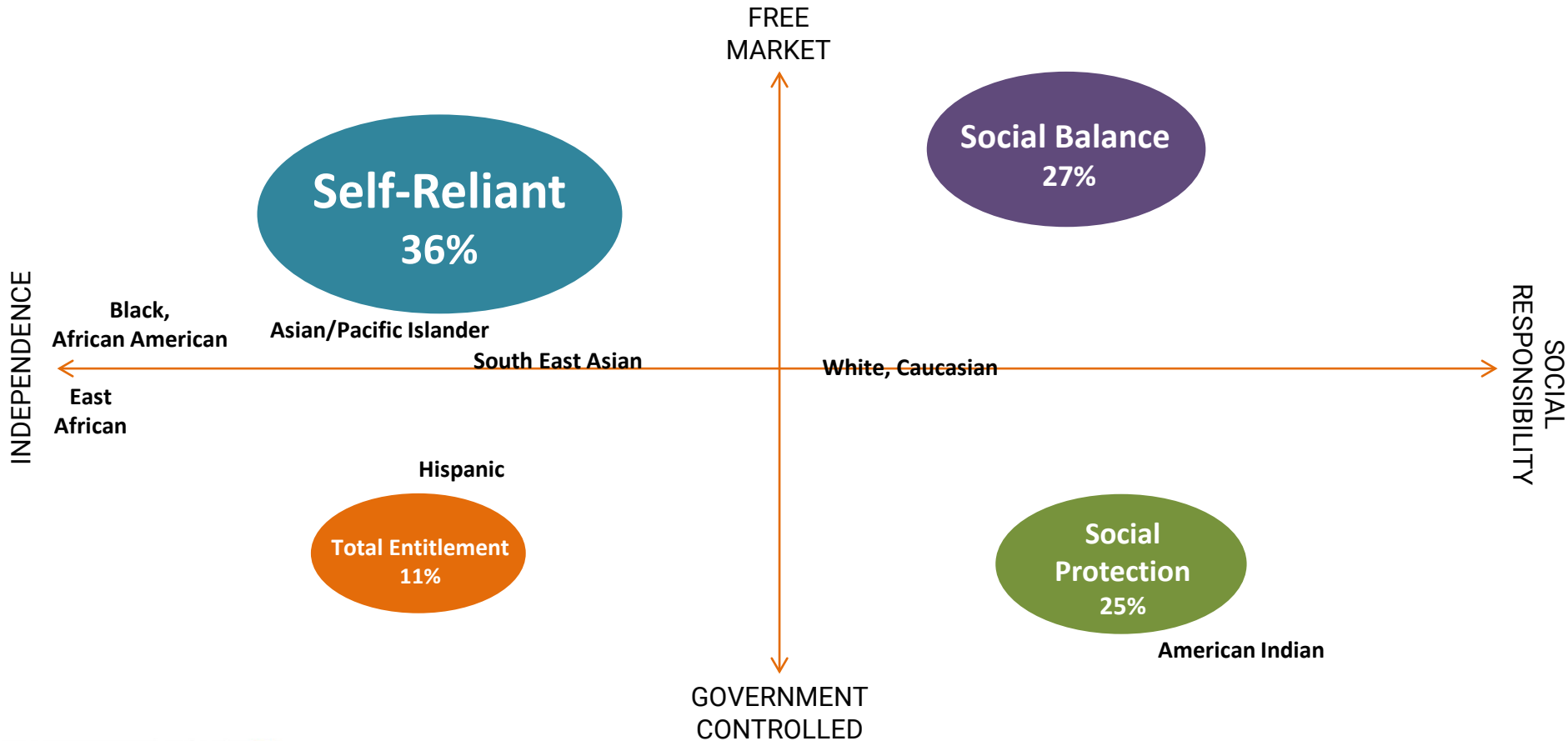
FOUR HEALTHCARE ATTITUDINAL SEGMENTS WERE IDENTIFIED

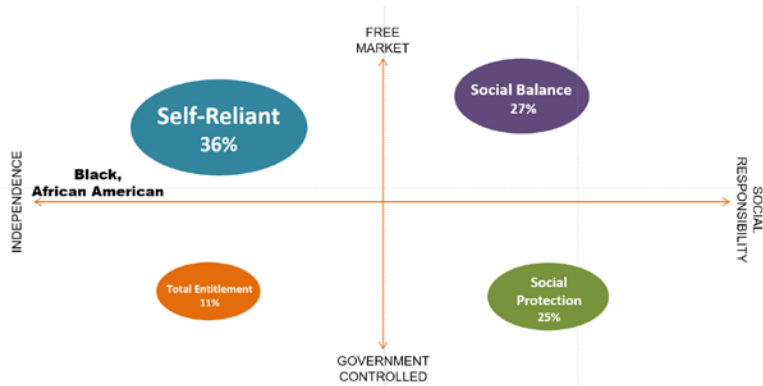




ATTITUDINAL LANDSCAPE – RACIAL AND ETHNIC COMMUNITIES

Each racial/ethnic group's position within the attitudinal landscape is determined by the summation of their health-care attitudes. For example, American Indians were positioned in the lower-right quadrant of the attitudinal landscape, largely because their responses aligned most with the attitudes that define the Social Protection segment.





Attitudes with which they generally agree strongly:

- Healthcare should be available to all citizens regardless of their income or employment status
- People should not be turned away from necessary medical treatment, even if they are uninsured and cannot afford the treatment

Future health concerns:

- Rising costs of healthcare premiums
- Rising cost of drugs and other medical services, as our country’s medical system is strained by an aging population
- Rising cost of insurance deductible and co-pay fees for medical services

African American respondents were most concerned about rising costs related to healthcare, and they most strongly believe healthcare should be available to all citizens regardless of their income or employment status.

Demographics: (n=79)					
Gender:	Male	41%	Employed: Full/Part time	77%	
	Female	59%	Retired	11%	
Average Age:		38	Average Household Income:	\$54,335	
Education:	< HS graduate	--	High school graduate	20%	
	Trade/Vocational	3%	Some college	37%	
	College graduate	29%	Grad school/Post grad work	12%	
Marital Status:	Single	41%	Children in Household:	Yes	59%
	Married/living with	46%		No	41%
Political party:	Democrat	51%	Know someone with a developmental disability:	Yes	58%
	Republican	9%		No/Don’t know	42%
	Independent	14%			

↕ Statistically significant difference, higher or lower, vs. other minority communities

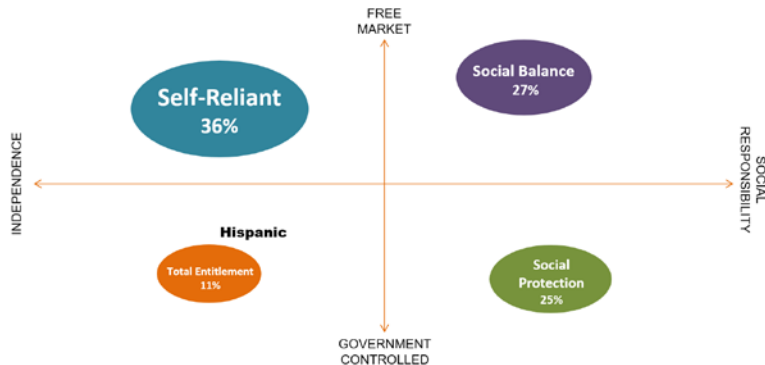
Attitudes with which they generally agree strongly:

- Healthcare should be available to all citizens regardless of their income or employment status
- The government should provide education and incentives to help people make wise choices regarding their health
- People should not be turned away from necessary medical treatment, even if they are uninsured and cannot afford the treatment

Future health concerns:

- Rising costs of healthcare premiums
- Potential federal cuts to Medicaid, which could lead to more uninsured people and higher premiums
- Rising cost of insurance deductible and co-pay fees for medical services

The Hispanic community is most concerned about rising costs related to healthcare premiums and federal cuts to Medicaid; and they most strongly believe healthcare should be available to all citizens regardless of their income or employment status. Over half (58%) believe the government needs more involvement in healthcare education, and incentives for wise health choices.



Demographics: (n=62)					
Gender:	Male	24%	Employed: Full/Part time	71%	
	Female	74%	Retired	6%	
Average Age:		37	Average Household Income:	\$65,403	
Education:	< HS graduate	8%	High school graduate	18%	
	Trade/Vocational	3%	Some college	21%	
	College graduate	31%	Grad school/Post grad work	20%	
Marital Status:	Single	32%	Children in Household:	Yes	56%
	Married/living with	58%		No	44%
Political party:	Democrat	45%	Know someone with a developmental disability:	Yes	50%
	Republican	16%		No/Don't know	50%
	Independent	16%			

↑↓ Statistically significant difference, higher or lower, vs. other ethnic communities

American Indians feel our current healthcare system relies too heavily on drugs as opposed to more holistic management of health and wellbeing. They have the highest concern of rising costs of premiums, deductibles and co-pays and potential Federal cuts to Medicaid.

Attitudes with which they generally agree strongly:

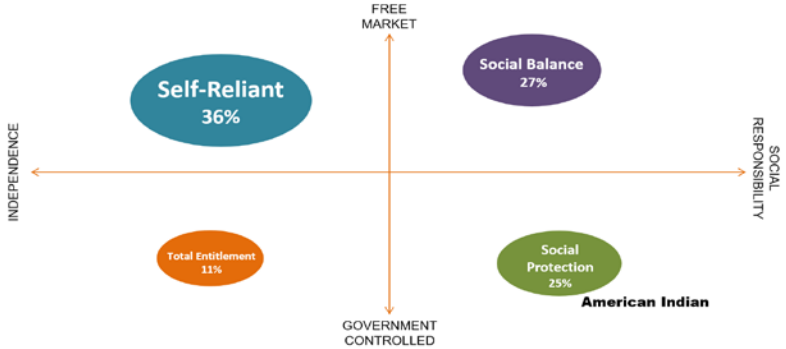
- Healthcare should be available to all citizens regardless of their income or employment status
- Our healthcare system needs to be more focused on prevention and early detection of disease, as opposed to treatment after a patient gets sick
- People, such as the elderly and people with disabilities, who need more services than others, should get them without paying more
- People should not be turned away from necessary medical treatment, even if they are uninsured and cannot afford the treatment

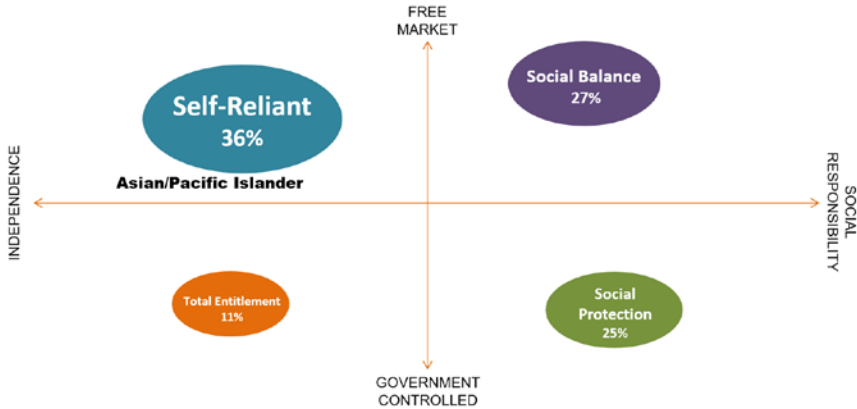
Future health concerns:

- Rising costs of healthcare premiums
- Potential federal cuts to Medicaid, which could lead to more uninsured people and higher premiums
- Access to all of the medical services needed for people with disabilities
- Cost of long term services, supports, and care

Demographics: (n=75)					
Gender:	Male	31%	Employed:	Full/Part time	40% ↓
	Female	68%		Retired	34% ↑
Average Age:	53		Average Household Income:	\$29,155 ↓	
Education:	< HS graduate	11%	High school graduate	25%	
	Trade/Vocational	6%	Some college	37%	
	College graduate	15% ↓	Grad school/Post grad work	4% ↓	
Marital Status:	Single	43%	Children in Household:	Yes	35%
	Married/living with	26% ↓		No	65%
Political party:	Democrat	48%	Know someone with a developmental disability:		
	Republican	8%		Yes	73% ↑
	Independent	12%		No/Don't know	27%

↓↑ Statistically significant difference, higher or lower, vs. other ethnic communities





Attitudes with which they generally agree strongly:

- Healthcare should be available to all citizens regardless of their income or employment status
- I should be able to choose any health care provider I want, including physicians and hospitals
- People should pay lower premiums for making healthy choices, such as exercising frequently

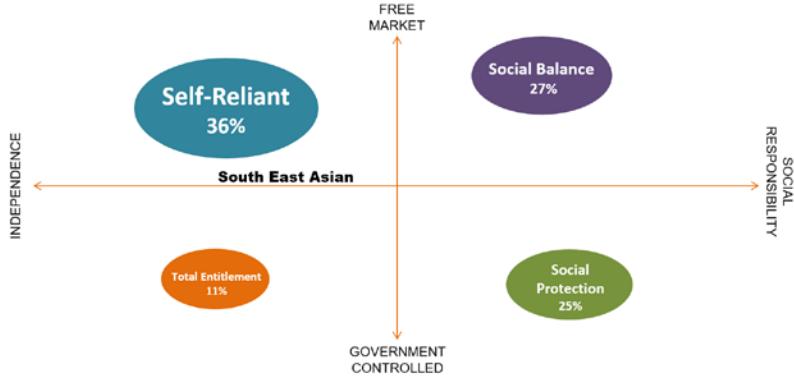
Future health concerns:

- Rising costs of healthcare premiums
- Rising cost of drugs and other medical services, as our country’s medical system is strained by an aging population

Asian/Pacific Islander respondents are the youngest, highest educated and have the highest income of all minority communities. They have the highest rates of health insurance through an employer (72%) and compared to all other minority communities, are least concerned about future potential Federal cuts to Medicaid.

Demographics: (n=86)					
Gender:	Male	29%	Employed: Full/Part time	70%	
	Female	70%	Retired	8%	
Average Age:		36	Average Household Income:	\$68,430 ↑	
Education:	< HS graduate	5%	High school graduate	9%	
	Trade/Vocational	3%	Some college	14%	
	College graduate	43%	Grad school/Post grad work	25% ↑	
Marital Status:	Single	33%	Children in Household:	Yes	47%
	Married/living with	61%		No	53%
Political party:	Democrat	36%	Know someone with a developmental disability:	Yes	33%
	Republican	15%		No/Don't know	67%
	Independent	20%			

↑↓ Statistically significant difference, higher or lower, vs. other ethnic communities



Attitudes with which they generally agree strongly:

- It is the government’s responsibility to make sure that patients receive safe, high quality medical care
- I should be able to choose any health care provider I want, including physicians and hospitals
- The government should provide education and incentives to help people make wise choices regarding their health

Future health concerns:

- Rising costs of healthcare premiums
- Cost of long term services, supports, and care
- Rising cost of drugs and other medical services, as our country’s medical system is strained by an aging population

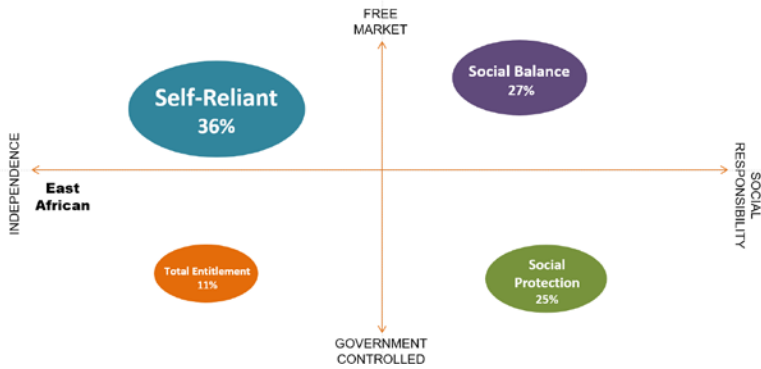
All of the respondents representing the South East Asian community were born in Thailand. As a group they feel strongly that it’s the government’s responsibility to make sure that patients receive safe, high quality medical care, and have a choice in the care provider, physician and hospital. Their main future concerns are centered around rising costs of healthcare related services for an aging population.

Demographics: (n=53)					
Gender:	Male	21%	Employed: Full/Part time	62%	
	Female	79%	Retired	15%	
Average Age:	49		Average Household Income:	\$61,912	
Education:	< HS graduate	21%	High school graduate	14%	
	Trade/Vocational	--	Some college	7%	
	College graduate	49% ↑	Grad school/Post grad work	9%	
Marital Status:	Single	27%	Children in Household:	Yes 34%	
	Married/living with	62%		No 66%	
Place of birth:	Thailand	100%	Know someone with a developmental disability:		
Political party:	Democrat	53%		Yes	47%
	Republican	15%		No/Don't know	53%
	Independent	4%			

↓ ↑ Statistically significant difference, higher or lower, vs. other ethnic communities



ATTITUDINAL LANDSCAPE – EAST AFRICAN COMMUNITY



Minnesota’s East Africans have the lowest income of all minority communities, half are enrolled in Medicaid/MA, and they most strongly believe that government should insure access to healthcare for low income populations. They also feel strongly that children’s needs should take a priority in healthcare cost decisions, and they are most concerned about access to medical services for people with disabilities, and access to mental health coverage.

Attitudes with which they generally agree strongly:

- The government should insure access to healthcare for low income populations, people with disabilities and those who live in rural areas
- The government should provide education and incentives to help people make wise choices regarding their health
- People, such as the elderly and people with disabilities, who need more services than others, should get them without paying more

Future health concerns:

- Access to all of the medical services needed for people with disabilities
- Access to mental health coverage
- Delaying treatment due to high annual deductible out of pocket costs
- Cost of long term services, supports, and care

Demographics: (n=48)						
Gender:	Male	48%	Employed:	Full/Part time	72%	
	Female	52%		Retired	9%	
Average Age:	44		Average Household Income:	\$18,670 ↓		
Education:	< HS graduate	28% ↑	High school graduate	14%		
	Trade/Vocational	14%	Some college	9%		
	College graduate	28%	Grad school/Post grad work	7%		
Marital Status:	Single	30%	Children in Household:	Yes	44%	
	Married/living with	55%		No	56%	
Place of birth:	Somalia	31%	Ethiopia	50%		
	Kenya	2%	Other	13%		
Political party:	Democrat	61%	Know someone with developmental disability:			
	Republican	11%		Yes	44%	
	Independent	4%		No/Don't know	56%	

↑ Statistically significant difference, higher or lower, vs. other ethnic communities

DETAILED FINDINGS

I. Healthcare Satisfaction, Outlook and Concerns



- Personal Health Insurance and Attitudes
- Healthcare Outlook and Concerns

II. Healthcare System Beliefs and Opinions

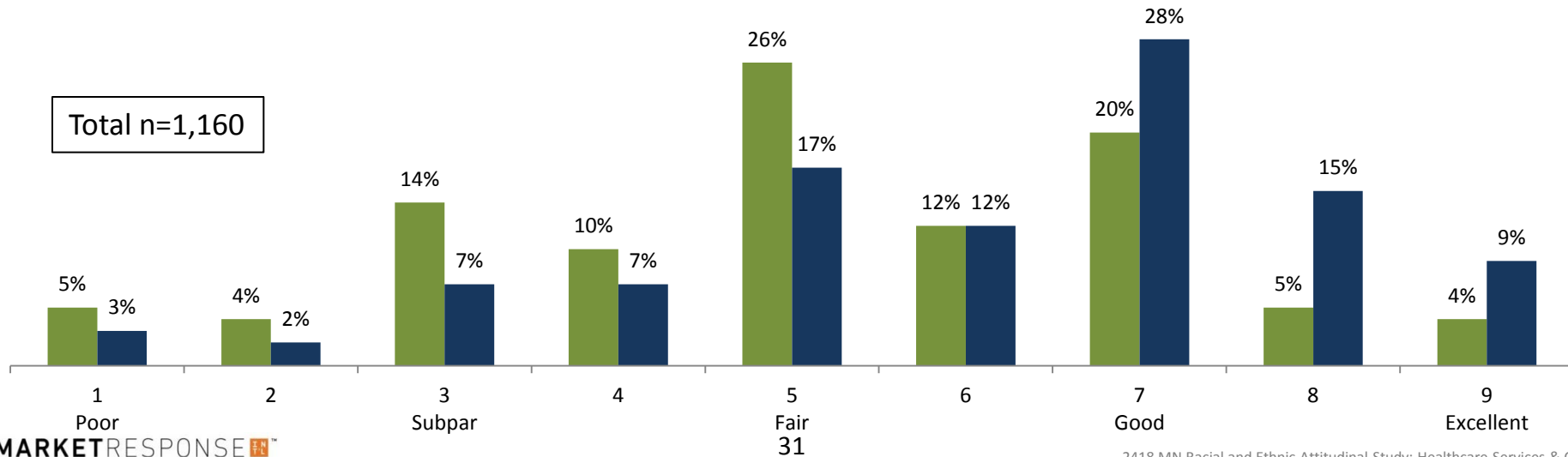
- Attitudes Towards the Healthcare System
- Opinions Regarding Government Policy

Respondents from every community gave Minnesota higher ratings for overall quality of the healthcare system, as compared to the healthcare system for the U.S. as a whole. Hispanics gave lower ratings compared to all other communities.

All things considered, how would you rate the overall quality of the healthcare system in Minnesota and the US? (Q19)

Average Ratings	Total (n=1,160)	A White Caucasian (n=729)	B African American (n=79)	C Hispanic (n=62)	D Native American (n=75)	E Asian/Pacific Islander (n=86)	F South East Asian (n=53)	G East African (n=48)
 U.S.	5.1	5.1 CFG	5.1 C	4.3 ABDEFG	5.4 C	5.2 C	5.8 AC	5.8 AC
 Minnesota	6.1	6.1	6 C	5.6 ABEFG	5.8	6.2 C	6.3 C	6.4 C

ABCDEF G Indicates statistically significantly higher than other figures in the row, at 95% confidence level



The majority of respondents believe the federal government is responsible for ensuring that all Americans have healthcare coverage. The East African community (83%) are most aligned with this belief compared to Caucasians, of whom 35% believe it is not the responsibility of the federal government.

Do you think it is the responsibility of the federal government to make sure all Americans have healthcare coverage, or is that not the responsibility of the federal government? (Q15)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=75)*	Asian/Pacific Islander (n=86)	South East Asian (n=53)	East African (n=47)
Yes, it is the responsibility of the federal government to ensure that all Americans have healthcare coverage	49%	68%	74%	67%	60%	77%	83%
No, ensuring healthcare coverage is <u>not</u> the responsibility of the federal government	35%	19%	21%	21%	23%	11%	13%
I don't know; I don't have an opinion either way	16%	13%	5%	12%	16%	11%	4%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.

All of the minority communities differed from white/Caucasians by their preference for a government-run healthcare system versus a system based mostly on private health insurance.

Which of the following approaches for providing healthcare in the United States do you prefer? (Q16)		White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=75)*	Asian/Pacific Islander (n=86)	South East Asian (n=53)	East African (n=48)
	A government-run healthcare system	40%	62%	55%	48%	48%	64%	62%
	A system based mostly on private health insurance	44%	19%	32%	27%	28%	15%	17%
	No opinion	16%	19%	13%	25%	24%	21%	21%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.

A majority of respondents believe Congress should deal with healthcare reform on a gradual basis, as opposed to a comprehensive, repeal and replace approach to the Affordable Care Act. The Hispanic community was the only group that had an evenly split opinion in this topic.

Should Congress deal with healthcare reform on a.... (Q17)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=75)*	Asian/Pacific Islander (n=86)	South East Asian (n=52)	East African (n=47)
Gradual basis	58%	61%	50%	57%	64%	69%	68%
Comprehensive, repeal and replace	42%	39%	50%	43%	36%	31%	32%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.

Compared to white/Caucasians, all but one of the minority communities (Asian/Pacific Islanders) were more likely to believe that government should be *very involved in controlling drug prices*. Just over half (51%) of Asian/Pacific Islanders believe that government should *monitor the drug industry and enforce price controls only if an important drug is priced excessively high*.

What do you believe is the role of government in drug pricing? (Q18)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=75)*	Asian/Pacific Islander (n=86)	South East Asian (n=53)	East African (n=46)
Government should be <u>very involved</u> in controlling prices, to ensure that drugs are affordable for the people who need them	39%	49%	47%	49%	35%	72%	65%
Government should <u>monitor</u> the drug industry and enforce price controls only if an important drug is priced excessively high	45%	34%	37%	33%	51%	23%	20%
Government has <u>no role</u> in controlling drug prices. Drug prices should be determined by the market, to encourage competition, which will ultimately lead to lower prices	9%	8%	10%	8%	6%	2%	9%
I really don't know	7%	9%	6%	9%	8%	4%	7%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.

The United States primarily has a third-party payer system of healthcare, which means that a health insurance plan (the third party) reimburses hospitals and doctors for the bulk of the cost of healthcare services provided to patients. The nation uses a mixed system of public and private insurance.

The two major public programs are:

Medicare, for

People 65 years or older

Individuals on disability income or with ALS

Medicaid, for

Low-income people

Individuals with disabilities

Medicaid funding proposals that are being considered by Congress and the current administration:

Congress and the current administration are proposing to put a cap on the amount of money the federal government pays to states for Medicaid. If this policy is adopted, Minnesota is projected to lose over \$34 billion over 10 years, and the Minnesota state government would need to choose among the following options:

- Reduce rates paid to service providers who are paid with Medicaid dollars
- Draw funds from other state priorities
- Raise state taxes to pay for the growth in Medicaid costs
- Cut services that are currently being offered through Minnesota's Medicaid program
- Cover fewer people

All communities believe the federal government should continue to “honor the commitment” to match the states spending for Medicaid, as opposed to putting a limit on federal Medicaid spending. The African American and Hispanic communities are most aligned with this recommendation.

If you were in a position to advise both state and national government leaders on what should be done regarding Medicaid, what would you recommend? (Q20)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=75)*	Asian/Pacific Islander (n=86)	South East Asian (n=53)	East African (n=48)
Federal government should cap Medicaid spending and force the states to find ways to cut costs and/or find other sources of funding	24%	18%	19%	19%	33%	29%	27%
Federal government should continue to “honor the commitment” to match the states spending for Medicaid	60%	71%	71%	56%	48%	48%	51%
Don't know	16%	11%	10%	25%	20%	23%	22%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.

Respondents from all communities expressed similar actions in response to a possible Medicaid funding cut.

Respondents' relative preferences for response to possible Medicaid funding cut: (Q21)	a White Caucasian (n=729)	b African American (n=79)	c Hispanic (n=62)	d Native American (n=75)*	e Asian/Pacific Islander (n=86)	f South East Asian (n=53)	g East African (n=48)
Reduce rates paid to service providers who are paid with Medicaid dollars	33%	36%	38%	40% g	34%	29%	28% d
Draw funds from other state priorities	25% d	24%	25%	33% ae	22% d	23%	25%
Raise state taxes to pay for the growth in Medicaid costs	20%	24%	24%	20%	20%	18%	25%
Cut services that are currently being offered through Minnesota's Medicaid program	19%	17%	14%	15%	17%	21%	21%
Cover fewer people	17%	15%	14%	20%	16%	19%	17%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

abcdefg Indicates that the mean percent is statistically significantly higher or lower than the means of other communities, at the 90% confidence level.

APPENDIX

- **Respondent Profile**
- **Familiarity with Developmental Disability**
- **Overall National Healthcare Attitudes**
- **Attitudinal Landscape**



RESPONDENT PROFILE – MINNESOTA RACIAL AND ETHNIC COMMUNITIES

Demographic Variables:	a White Caucasian (n=729)	b African American (n=79)	c Hispanic (n=62)	d Native American (n=75)*	e Asian/Pacific Islander (n=86)	f South East Asian (n=53)	g East African (n=48)
Gender:							
Male	44%	41%	24%	31%	29%	21%	48%
Female	55%	59%	74%	68%	70%	79%	52%
Average Age:	48 bcde	38 adg	37 adfg	53 abcefh	36 adfg	49 bce	44 cde
Education:							
< High school grad	1%	--	8%	11%	5%	21%	28%
High school grad	13%	20%	18%	25%	9%	14%	14%
Some college/Trade	35%	40%	24%	43%	17%	7%	23%
College Grad +	51%	41%	51%	19%	68%	58%	35%
Employment:							
Full time	49%	54%	48%	22%	57%	49%	34%
Part time	16%	23%	23%	18%	13%	13%	38%
Unemployed	8%	11%	10%	20%	16%	21%	19%
Retired	24%	11%	6%	34%	8%	15%	9%
Average Income:	\$74,883 bdh	\$54,335 adeh	\$65,403 dh	\$29,155 abcefh	\$68,430 bdh	\$61,912 dh	\$18,670 abcdefg

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

abcdefgh Indicates that mean numbers (age and income) are statistically significantly higher or lower than those of other communities, at the 90% confidence level. Most differences in proportions of 15% or more are statistically significant at 95% confidence level.



FAMILIARITY WITH DEVELOPMENTAL DISABILITY

Do you know someone with a developmental disability? (Q30)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=75)*	Asian/Pacific Islander (n=86)	South East Asian (n=53)	East African (n=48)
Yes	60%	58%	50%	73%	33%	47%	44%
No	34%	38%	44%	15%	60%	47%	50%
Don't Know	5%	4%	6%	12%	7%	6%	6%
How would you characterize the closest relationship you have with that person? (Q31)	(n=441)	(n=46)	(n=31)	(n=55)	(n=28)	(n=25)	(n=21)
Myself, I have a developmental disability	5%	9%	--	11%	4%	--	--
Immediate family member, living in my household	7%	9%	6%	18%	11%	16%	14%
Immediate family member, not living in my household	10%	20%	10%	31%	25%	--	5%
Other relative	24%	17%	16%	20%	21%	4%	24%
Friend	21%	15%	19%	16%	25%	64%	29%
Other	32%	31%	49%	20%	15%	28%	30%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.

(TOP BOX) <i>Agree Strongly</i> : (Q12)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=74)*	Asian/Pacific Islander (n=86)	South East Asian (n=53)	East African (n=48)
Healthcare should be available to all citizens regardless of their income or employment status	49%	63%	61%	62%	57%	49%	57%
If they can afford it, some people should be able to have a health care plan that covers more medical services than other health care plans	24%	37%	29%	42%	33%	31%	22%
Everyone should pay something for their health care, with people paying varying amounts depending on what they can afford	24%	22%	19%	20%	26%	34%	26%
People, such as the elderly and people with disabilities, who need more services than others, should get them without paying more	35%	47%	47%	57%	43%	33%	60%
Individuals or households who are likely to use more health care, should be expected to pay higher premiums than others	10%	13%	18%	12%	10%	10%	20%
Health insurance should pay for any kind of medical treatment, regardless of the cost	31%	47%	45%	48%	44%	37%	52%
Our current healthcare system relies too heavily on drugs as opposed to more holistic management of health and wellbeing	26%	32%	21%	41%	22%	25%	33%
People should pay lower premiums for making healthy choices, such as exercising frequently	28%	35%	34%	35%	44%	39%	37%
People should be denied health care if they make unhealthy lifestyle or behavior choices	4%	11%	11%	5%	9%	12%	9%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.

(TOP BOX) <i>Agree Strongly</i> : (Q12)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=74)*	Asian/Pacific Islander (n=86)	South East Asian (n=53)	East African (n=48)
Individuals whose health has been impacted through no fault of their own should <u>not</u> have to pay higher premiums than others	37%	39%	47%	36%	33%	26%	38%
People should not be turned away from necessary medical treatment, even if they are uninsured and cannot afford the treatment	43%	53%	56%	57%	43%	52%	45%
I should be able to choose any health care provider I want, including physicians and hospitals	45%	47%	42%	55%	50%	55%	47%
Employers should give employees a choice of more than one health plan	35%	42%	39%	45%	37%	51%	52%
We all have a personal responsibility not to use more healthcare services than we need in order to keep healthcare affordable	33%	37%	31%	30%	33%	30%	27%
Our healthcare system needs to be more focused on prevention and early detection of disease, as opposed to treatment after a patient gets sick	37%	47%	44%	59%	38%	55%	46%
It is the government's responsibility to make sure that patients receive safe, high quality medical care	21%	22%	39%	39%	30%	62%	55%
Our healthcare system should spend as much money as necessary to try to save a person's life	20%	35%	35%	42%	30%	52%	53%
Children's healthcare needs should take a priority in healthcare cost decisions	28%	43%	39%	44%	28%	38%	60%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.

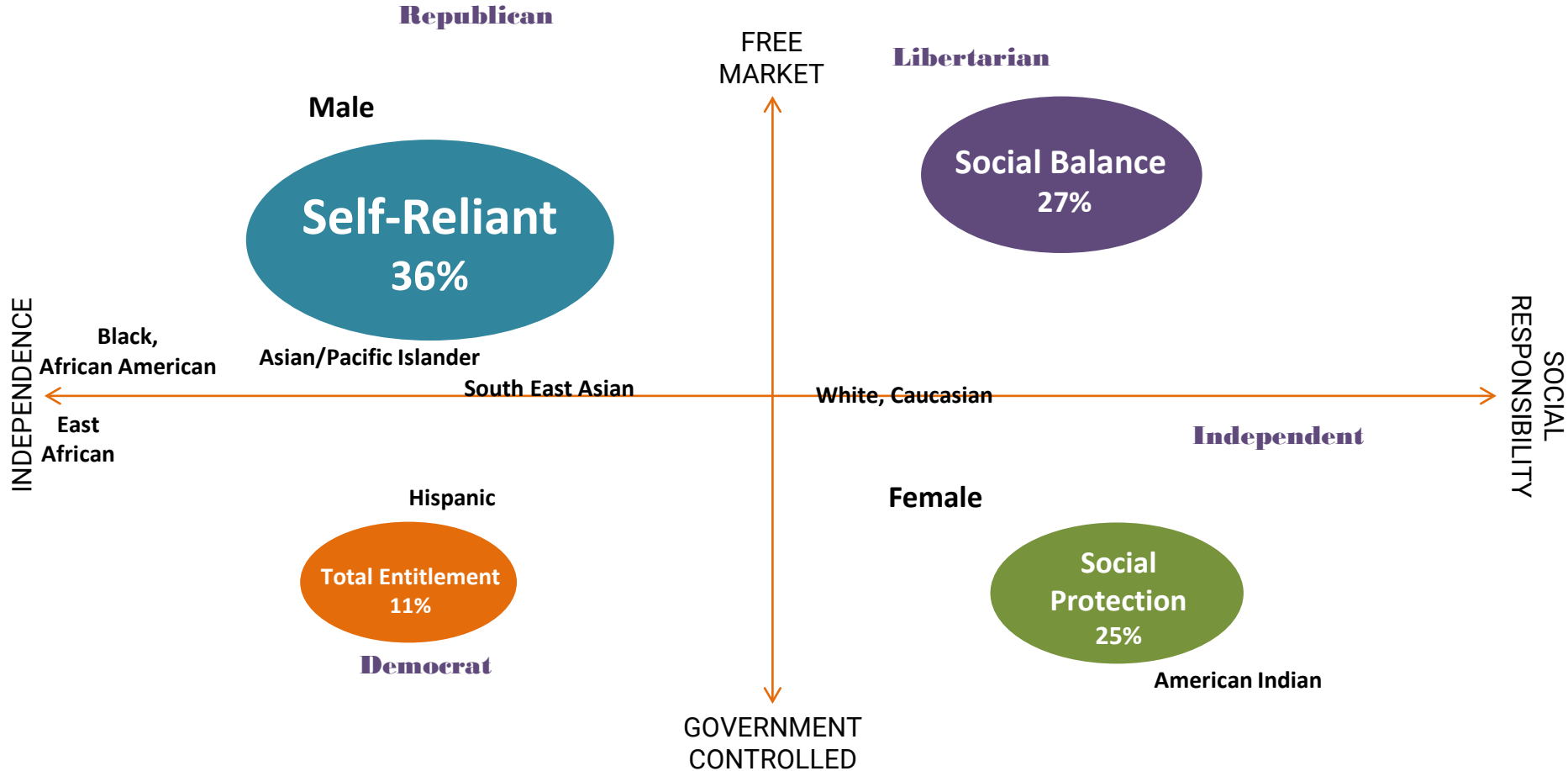
(TOP BOX) <i>Agree Strongly</i> : (Q12)	White Caucasian (n=729)	African American (n=79)	Hispanic (n=62)	Native American (n=74)*	Asian/Pacific Islander (n=86)	South East Asian (n=53)	East African (n=48)
The government should insure access to healthcare for people who live in rural areas	28%	42%	47%	45%	29%	48%	63%
The government should insure access to healthcare for low income populations	31%	49%	50%	54%	41%	45%	70%
The government should provide education and incentives to help people make wise choices regarding their health	29%	43%	58%	54%	40%	55%	64%
If I want to smoke, drink or just not take good care of my health, that's my business; I shouldn't be penalized with higher healthcare costs	11%	24%	5%	26%	13%	19%	21%
The cost of treatment, along with the chance of success, is a factor that should be considered in decisions regarding treatment	11%	16%	18%	22%	14%	26%	31%
The whole process of pricing and billing for medical services is too complex and difficult to understand	33%	28%	21%	34%	28%	38%	36%
We all have a personal responsibility not to use more healthcare services than we need in order to keep healthcare accessible	--	--	--	--	--	--	43%
The government should insure access to healthcare for senior citizens	--	--	--	--	--	--	60%
The government should insure access to healthcare for people with disabilities	--	--	--	--	--	--	71%

* Sample includes n=25 from general population survey, plus additional n=50 oversampling.

Most differences in proportions of 15% or more are statistically significant at 95% confidence level.



ATTITUDINAL LANDSCAPE – RACIAL AND ETHNIC COMMUNITIES





TWO DIMENSIONAL ATTITUDINAL LANDSCAPE – GENERAL POPULATION

The correspondence map below shows the relative sizes and positions of the 4 segments within the attitudinal landscape based on answers across 24 agree/disagree statements describing various attitudes towards healthcare.

Higher premiums for those who use more healthcare

Denied healthcare for unhealthy choices

If you can afford it; have a plan that covers more medical services

FREE MARKET

Treatment cost & success rate should both be considered

If I want to smoke or drink, that's my business I shouldn't be penalized with higher costs

Current healthcare relies too heavily on drugs

Everyone should pay something



Insurance should pay for any kind of medical treatment, regardless of costs

Healthcare system should spend as much money as necessary to try to save a life

Children's healthcare needs should take priority

Personal responsibility not to use more services than needed to keep healthcare affordable

Pricing & billing for medical services is too complex

Lower premiums for those making healthy choices

INDEPENDENCE

SOCIAL RESPONSIBILITY

Those who need more services than others should get them without paying more

I should be able to choose any healthcare provider

Employers should offer more than one health plan



Should not pay high premiums for those whose health has impacted through no fault of their own

Healthcare available to all

Healthcare system needs to focus on prevention & early detection

Should not be turned away if uninsured or can't afford the treatment

Government provides education & incentives to help people make wise health choices



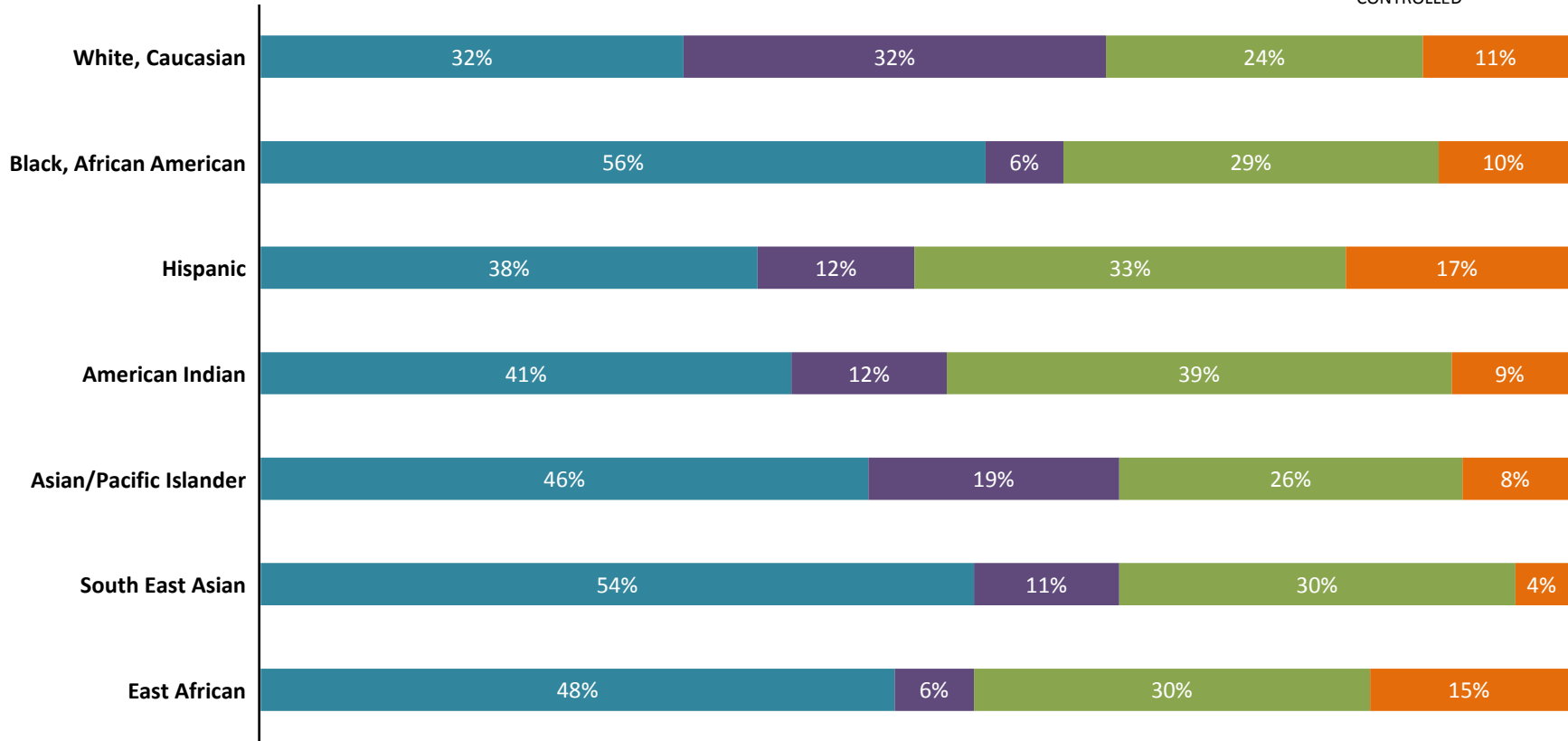
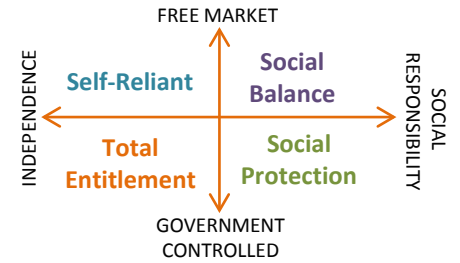
Government assures access to healthcare in rural areas

Government is responsible to assure patients receive safe, quality healthcare

GOVERNMENT CONTROLLED

Government assures access to healthcare for low income populations

This chart shows how the respondents representing each racial/ethnic community were distributed across the attitudinal landscape, based on how their attitudes aligned with each of the 4 quadrants.



Thank you

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